

CEBT
DENTAL BENEFITS
(Effective July 1, 2013)

EXPENSES: Eligible Dental Expenses are the reasonable, necessary and customary charges: If the provider charges above the reasonable, necessary and customary guidelines, the member will be responsible for the difference.

TYPE I Preventive Services: Routine exams & cleaning are covered 2 times per calendar year; bitewing x-rays, 4 slides per year, performed on the same date. Full mouth x-rays are eligible once every 36 months.

Deductible	Waived
Coinsurance	100% of R&C

TYPE II Basic Dental Treatment: Emergency treatment, space maintainers, simple extractions, anesthesia and restorative fillings, oral surgery, endodontics, periodontics, root canal.

Deductible	\$50 single	\$150 family
Coinsurance	80% of R&C	

TYPE III Major Treatment: (crowns, partial or full dentures)

Deductible	Combined with Basic
Coinsurance	50% of R&C

ANNUAL MAXIMUM	Types I, II, III	\$1,500
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TYPE IV Orthodontics: (coverage for dependent children only, completed by age 19)

Coinsurance	50%
Max. Lifetime Benefit	\$2,000

R&C – Charges that are considered to be above the Reasonable & Customary (R&C) guidelines could be the responsibility of the member.

Exclusions – Expenses incurred for any procedure, including orthodontic treatment, which began before the individual became covered. Prosthetic devices to replace teeth missing (congenitally or otherwise, except if a cleft palate or cleft lip condition), lost or extracted before the member's effective date of coverage.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances. 02/04/13